		O.F.							Sheet _L of _L	
If AFTER the later date of the first (Splice Action or 3 months from filing use only as an Rule 97(E) Certificate or Fee				Airy. Doctor No. 86624LMB Customer No. 01333				Serial No. 10/668,386		
				Applicant: Peter T. Aylward, et al						
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use several sheets if necessary)				Filing Date 23 September 2003			Group 1752			
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Examiner Initial*	DOCUMENT NUMBER	DATE		NAME CLASS SUB				FILING DATE	FILING DATE FAPPROPRIATE	
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EXAMINER	R C Schille		DATE CONSIDERED 10-31-06							
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